



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Li et al.

Atty Docket No.: PF187D1C1

Application No.: 10/006,394

Group Art Unit: 1646

Filed: December 10, 2001

Examiner: M. Brannock

For: Human G-Protein Receptor HIBEF51

REPLY AND AMENDMENT UNDER 37 C.F.R. § 1.111

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed September 23, 2004, please enter the following amendment and consider the following remarks. Applicants submit concurrently herewith: (a) Fee Transmittal Sheet (in duplicate), with appropriate fee; (b) Copy of Voet *et al.*, "Biochemistry", page 1077, John Wiley & Sons, New York, NY (1990); and, (c) Copy of Alberts *et al.*, "Molecular Biology of the Cell", 2nd Ed., pages 312-314 and 821-823, Garland Publishing, Inc., New York, NY (1989).

Amendments to the claims begin on page 2.

Remarks begin on page 3.



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PTO/SB/17 (12-04)

Approved for use through 7/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

Complete if Known

| | |
|----------------------|------------------------|
| Application Number | 10/006,394-Conf. #8404 |
| Filing Date | December 10, 2001 |
| First Named Inventor | Yi Li |
| Examiner Name | M. T. Brannock |
| Art Unit | 1646 |
| Attorney Docket No. | PF187D1C1 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 08-3425 Deposit Account Name: Human Genome Sciences, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| <u>Application Type</u> | <u>FILING FEES</u> | | <u>SEARCH FEES</u> | | <u>EXAMINATION FEES</u> | | <u>Fees Paid (\$)</u> |
|-------------------------|--------------------|------------------------------|--------------------|------------------------------|-------------------------|------------------------------|-----------------------|
| | <u>Fee (\$)</u> | <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u> | <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u> | <u>Small Entity Fee (\$)</u> | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

| | | | | | |
|---------------------|---------------------|-----------------|----------------------|----------------------------------|----------------------|
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | |
| 9 - 20 = | x | = | | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |

| | | | |
|----------------------|---------------------|-----------------|----------------------|
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| 1 - 3 = | x | = | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

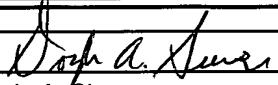
| | | | | |
|---------------------|---------------------|---|-----------------|-----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| _____ | - 100 = | /50 (round up to a whole number) x | = | <u>Fees Paid (\$)</u> |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

| | | | | | |
|-------------------|---|--------------------------------------|--------|-----------|-------------------|
| Signature |  | Registration No. (Attorney/Agent) | 47,088 | Telephone | (301) 354-3932 |
| Name (Print/Type) | Doyle A. Siever | | | Date | December 22, 2004 |